

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 13, 2015

Ms. Vicki Quatrini, Manager
Sunset Home
73 Prospect Street
Saint Johnsbury, VT 05819-2296

Dear Ms. Quatrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 16, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

06/16/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER SUNSET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 73 PROSPECT STREET SAINT JOHNSBURY, VT 05819		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 6/16/15. Based on information gathered, the following regulatory deficiencies were cited.	R100	Please see attached plans of correction.	
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to complete an assessment within 14 days of admission for 1 of 3 residents in the applicable sample (Resident #3). Findings include: 1. Record review for Resident #3 documented admission to the home on 9/24/14. The date of completion on the Resident Assessment document was 10/26/14, thereby in excess of the required 14 day assessment period. On 6/16/15 at 12:30 PM, the home's manager confirmed that the assessment for Resident #3 was completed outside the 14 day period.	R134		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

R134-R180 POC's accepted 7/9/15 JHsmerrn/pme

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER SUNSET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 73 PROSPECT STREET SAINT JOHNSBURY, VT 05819			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R179	Continued From page 1	R179			
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that 5 of 5 staff sampled engaged in all mandatory annual trainings and a total of 12 hours of total training annually. Findings include: 1. During record review, 3 of 5 employees in the sample had some documented evidence of fire	R179			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER SUNSET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 73 PROSPECT STREET SAINT JOHNSBURY, VT 05819			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R179	Continued From page 2 safety training. Five of 5 employees had documented training in medication administration and infection control. Two of 5 employees lacked mandatory annual training in fire safety. Five of 5 employees lacked documented annual training in the following mandatory subjects: Resident Rights, Emergency Response, Abuse & Neglect, and Respectful Effective Communication. None of the training documentation provided included hours spent in the training; there was insufficient evidence to indicate completion of 12 hours of annual training for 5 of 5 sampled employees. On 6/16/15 at 11:40 AM, the home's manager confirmed that the home could not provide documentation of completion of mandatory annual trainings and a total of 12 hours of annual training for 5 of 5 employees in the sample. *This is a repeat citation.	R179			
R180 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to document for 5 of 5 employees in the sample all mandatory annual trainings and a total of 12 hours of total training annually. Findings include: 1. During record review, 3 of 5 employees in the	R180			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER SUNSET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 73 PROSPECT STREET SAINT JOHNSBURY, VT 05819		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R180	Continued From page 3 sample had some documented evidence of fire safety training. Five of 5 employees had documented training in medication administration and infection control. Two of 5 employees lacked mandatory annual training in fire safety. Five of 5 employees lacked documented annual training in the following mandatory subjects: Resident Rights, Emergency Response, Abuse & Neglect, and Respectful Effective Communication. None of the training documentation provided included hours spent in the training; there was insufficient evidence to indicate completion of 12 hours of annual training for 5 of 5 sampled employees. On 6/16/15 at 11:40 AM, the home's manager confirmed that the home could not provide documentation of completion of mandatory annual trainings and a total of 12 hours of annual training for 5 of 5 employees in the sample. *This is a repeat citation.	R180			

5.7 Assessment

I have talked with my RN. Pat MacNickels from Caledonia Home Health and we have worked on a system which will put us with in the 14 days of admission assessment. I will call her with a new admissions and date of arrival and she will come with in the 14 day grace period.

5.11 I will have a training meeting once a month starting in the month of July we will start with

1. Residents Rights
2. Fire safety and emergency evacuation
3. Residents emergency response procedures, such as the Heimlich maneuver, accidents police or ambulance contact and first aid
4. Policies and procedures regarding mandatory reports of abuse, neglect and exploitation
5. Respectful and effective interaction with the residents
6. Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions
7. General supervision and care of residents
8. Test with RN from Home Health on Med pour
9. Dementia
10. Alzheimer's
11. Food service and diet
12. General Definition of Level IV Home

I will set up a 6 trip visit by the Fire Department to have fire drill on all shifts so every employee day or night has the experience with the fire fighter and getting the ladies to the safe place in the house or yard.